

Boston University

SCHOOL OF
SOCIAL WORK

LIBRARY
Gift of

Estelle E. Clemons

Thesis
Clemons
1949

Thesis
Clemmons
1949

2767-1

BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK

ANCILLARY MEDICAL RELIEF AND
SOME RELATED PROBLEMS AT MASSACHUSETTS
GENERAL HOSPITAL DURING 1948

A Thesis

Submitted by

Estelle Elizabeth Clemmons

(A.B. Morris Brown College, 1936)

In Partial Fulfillment of Requirements for
the Degree of Master of Science in Social Service

1949

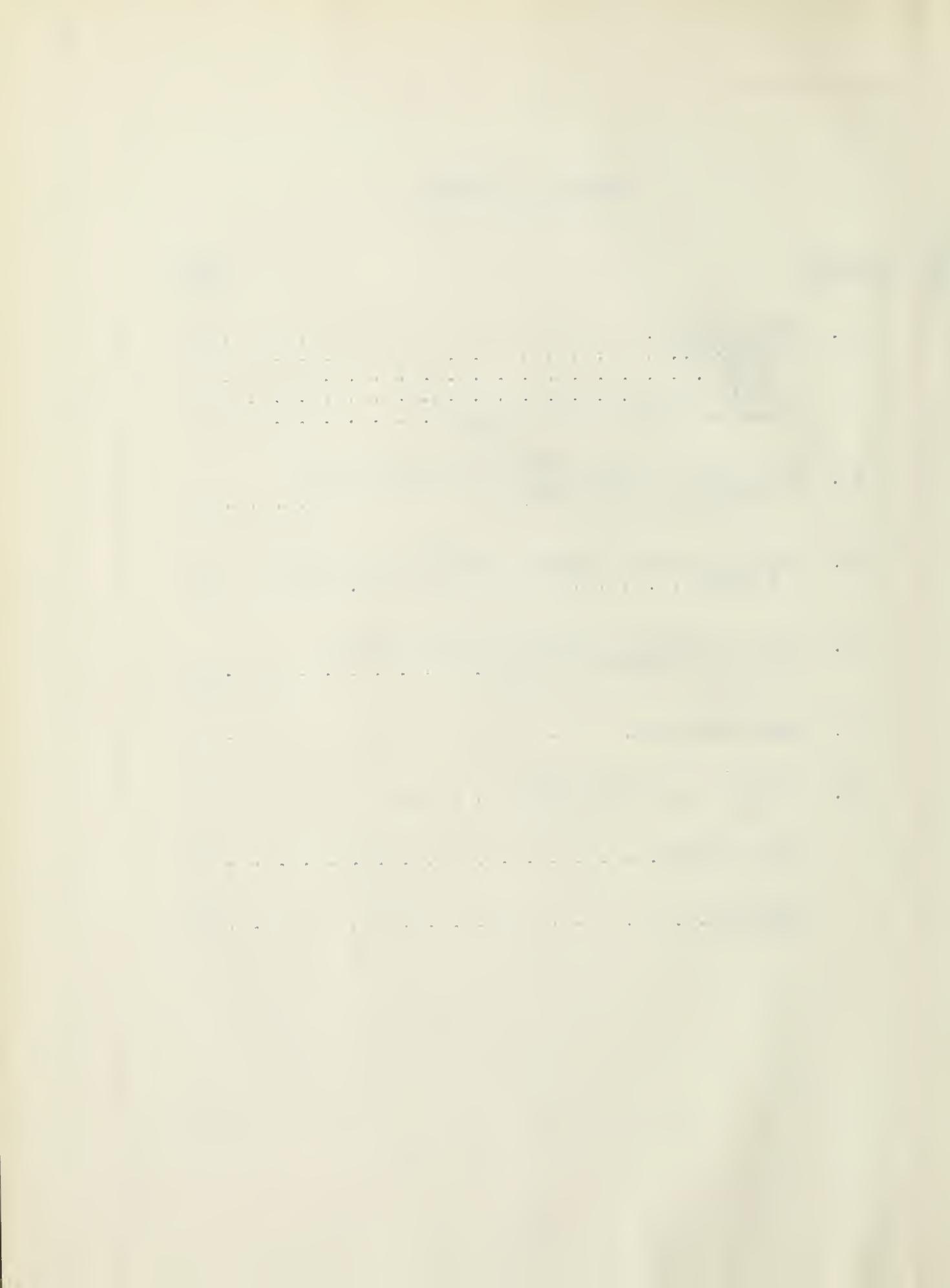
BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK
LIBRARY

Social & Medical Dept.
Sept. 16, 1949
Digitized by the Internet Archive
in 2016

<https://archive.org/details/ancillarymedical00clem>

TABLE OF CONTENTS

<u>CHAPTER</u>	<u>PAGE</u>
I. INTRODUCTION	1
Purpose	5
Scope	5
Limitations	6
Source of Data and Procedure	6
II. ANCILLARY MEDICAL RELIEF IN MASSACHUSETTS GENERAL HOSPITAL	8
III. SOURCES OF MONEY USED IN THE MEDICAL RELIEF PROGRAM	16
IV. COST OF MEDICAL RELIEF IN MASSACHUSETTS GENERAL HOSPITAL IN 1948	32
V. SELECTED CASES	42
VI. SUMMARY AND CONCLUSIONS	52
BIBLIOGRAPHY	57
APPENDIX	58



<u>TABLES</u>	<u>PAGE</u>
I. Sources and Number of Patients Referred for Medical Relief at Massachusetts General Hospital During 1948	12
II. Sources of Referrals for Each Type of Medical Relief at Massachusetts General Hospital During 1948.	14
III. Amounts Contributed by Social Service Funds .	19
IV. Amounts Contributed by Private Agencies . . .	21
V. Amounts Contributed by Public Agencies.	23
VI. Social Service Supplementation to Amounts Paid by Public Welfare Categories	25
VII. Public Welfare Recipients Receiving Medical Relief	27
VIII. Patients Making Full and Partial Payments for Medical Relief Needs	29
IX. Communities Represented by Patients	30
X. Cost of Medical Relief Needs of Patients Referred to Social Service at Massachusetts General Hospital in 1948	33
XI. Inside Purchases.	35
XII. Cost of Each Type as Brought Forward from 1947	37
XIII. Sources and Amounts Paid for 1947 Medical Relief Costs at Massachusetts General Hospital in 1948.	39
XIV. Total Cost of Medical Relief at Massachusetts General Hospital During 1948	40

CHAPTER I

INTRODUCTION

President Harry S. Truman, in a message to Congress on November 19, 1945, issued the following statements:

Nearly every individual in the population needs some medical attention in the course of a year, preventive, if not curative.¹

Unlike costs of food, shelter and other necessities, these costs cannot be budgeted by the individual family, because the need for care and the amount cannot be foreseen.²

The burden of high medical charges is particularly heavy for low income families, because food, shelter and clothing take most of what they earn. An expensive illness has wrecked many a family's solvency. The records of charitable and welfare organizations are full of cases in which a long and expensive illness, especially when it strikes the breadwinner, has caused family breakdown and dependency.³

One can readily understand the great expense caused by a long seige of illness. Medicine is usually very expensive, and during a long seige of illness, a patient's money does not last very long. The cost of diabetes seems to be a good illustration of the cost of illness. Diabetes is usually a prolonged illness, and in cases where gangrene sets in, amputation of a limb is often necessary. The diabetic

¹ Committee on Education and Labor, National Health Act of 1945, p. 8.

² Ibid., p. 8.

³ Ibid., p. 8.

takes insulin injections which are costly, and eventually, a prosthetic appliance is recommended by the doctor. Prostheses are so costly that the payment of such is usually out of reach of many patients. It is the cost of these extras, such as prosthetic appliances about which this study is concerned.

This study of ancillary medical relief for patients at Massachusetts General Hospital during 1948 is done in connection with the Social Service Department.

Social Service was introduced into the Massachusetts General Hospital by Dr. Richard C. Cabot and Miss Garnett I. Pelton in October, 1905 . . . The Social Service Department had been since 1919 an official part of the hospital organization.⁴

Miss Josephine Barbour, Chief of Social Service at Massachusetts General Hospital, pointed out to the writer the inadequacies of funds at Massachusetts General Hospital for taking care of medical relief needs of patients. Many patients or their families cannot afford to pay for these needs. Because of these facts, it is often necessary for the case workers to raise the amounts needed on a case by case basis, from such sources as clubs, trust funds, private agencies and individuals. This raising of money by the workers, involves the consummation of their time in making telephone calls and the writing of many letters, thus causing

⁴ Manual for Members of the Social Service Department, Mimeographed Copy, p. 1.

the intensive case work with patients to be minimized in those instances where such is needed.

Opinions seem to differ as to whether or not the administration of Ancillary Medical Relief is the proper function of the Social Service department within a hospital. There are those who believe that this phase of a patient's medical care should be included in the patient's total hospital expense and having it handled entirely by the hospital business office. The American Hospital Association states:

Social Service in a hospital should not include medical relief except for temporary conditions related to the immediate medical needs of the patient.⁵

Some hospitals have experimented with the responsibility of Ancillary Medical Relief with the hope that some degree of satisfaction in its administrative responsibility would be eventually worked out. The Bellevue Hospital of New York is one of these as pointed out by Ruth Morgan, former chairman of the Bellevue Hospital Social Service Bureau.

At Bellevue, we have had two years of a new kind of development where social service sees to it that spectacles, surgical belts, splints, artificial limbs, are secured partially or wholly paid for by the Social Service Bureau. It means a larger outlay and much investigation and supervision, but it makes the work of the doctor effective where formerly it often failed, because "no funds" was the report on the patient . . . but there is no doubt that this relief service has meant something so sensational to the doctors that we are

5 American Hospital Association, Survey of Hospital Social Service, Bulletin 24, p. 8.

inclined to describe it as constructive from the hospital point of view, rather than palliative.⁶

The Medical Social Division of the Boston Council of Social Agencies became interested in the financing of Medical Relief in local hospitals in 1938. The committee formed to study Medical Relief in Boston hospitals felt that since the trend of that era was toward central financing, that the medical social work in Boston hospitals was in a curiously anomalous position. It was during the making of this study that the committee made the following statements:

The expenses of operating a Medical Social Service Department are usually accepted by the hospital administrator as part of the regular budget, but money used by medical social workers for certain items of medical relief is usually secured by the medical social service department itself, either from other agencies or individuals, to some extent in an each man for himself manner. There seems to be no principles that can be found to explain the situation that prevails except that perhaps like Topsy, "It just grew".⁷

Assigning this money raising function to Medical Social Workers is not justifiable. It is a wasteful practice. Medical Relief is an integral part of medical care, but it is not considered as such in its financing.⁸

6 Ruth Morgan, Hospital Social Service and the Volunteer, Family, March, 1927, p. 92.

7 Medical Social Service Department of the Boston Council of Social Agencies, December, 1941, Highlights of the Continuing of Medical Relief in Boston, 1938-1941, p. 6.

8 Ibid., p. 7.

Purpose

It is the purpose of this study to give a comprehensive picture of the costs of Medical Relief and to show some problems relating to it and how they were handled by the case workers in one large hospital during one calendar year.

Through the data obtained for the study, the writer had the following questions in mind.

1. Why was this program in relation to Medical Relief started?
2. Is this considered a suitable function of the social service department?
3. What are the sources and amounts of money that came into the hospital for medical relief needs?
4. What articles were furnished by the hospital?
5. What articles were purchased outside the hospital?
6. What were the sources of referrals for medical relief?
7. What were some of the problems related to the medical relief program?
8. How were these problems handled by the case workers?

Scope

This study covers medical relief needs for eight hundred eighty-one patients known to the social service department of Massachusetts General Hospital during 1948. All costs for Medical relief needs not settled in 1947 for

patients referred during that year were also included in the 1948 costs.

Limitations

The writer was thoroughly convinced, after an exhaustive search for printed material of medical relief in hospitals, that such printed material was very limited in quantity. References studied on the subject are old, and current printed material is practically non-existent.

Source of Data and Procedure

Data for this study were taken from the following sources: Medical records of the patients, social case records, medical relief sheets, pink sheets (sheets containing social information of patients and placed in the medical records), the Boston Council of Social Agencies, guarantee slips, purchase orders, and interviews with workers. Ten cases were selected at random from among the eight hundred eighty one patients who were referred by the social workers during 1948 at Massachusetts General Hospital, so that some of the problems closely related to the medical relief program could be shown. However, only eight cases are presented in this study in order to avoid duplication of needs and problems, i.e., medical relief needs. Interviews held with the workers were not formal interviews as such, but rather, informal discussions centered around the whole medical relief program,

because of its importance in the social service department.

CHAPTER II

ANCILLARY MEDICAL RELIEF IN MASSACHUSETTS GENERAL HOSPITAL

Definitions

Before getting into costs and number of patients referred for Medical Relief for the year 1948, it seems wise at this point to define the word "Ancillary" and the term Medical Relief. The word "ancillary", comes from the Latin language meaning subordinate or subservient. Another meaning as given by Webster's New Collegiate Dictionary, Second Edition is "auxiliary", which seems to the writer to give a better insight into the meaning of "ancillary", as it is used with the term "medical relief", which definition follows below.

Medical Relief

Medical Relief has become a general term used by Social Service Departments to designate financial aid to meet costs incidental to hospitalization and medical care.⁹

The medical social service department of the Boston Council of Social Agencies, as an outgrowth of the recommendations of its study of medical relief in hospitals in the city of Boston in 1940, defined medical relief as follows:

Medical Relief represents an extension beyond the services which are ordinarily thought of as being included in ward and clinic care. It relates to needs which emerge as the patient moves through

⁹ Medical Relief and Ancillary Medical Service,
Mimeographed copy, June, 1945, p. 1.

the various steps in his medical care.¹⁰

Louise Odencrantz, who has done much writing in the field of social work, has the following to say about Medical Relief:

Medical relief is that form of relief which is a definite part of the medical treatment as recommended by the physician and essential to the effective treatment of the individual patient. For example: glasses, surgical and orthopedic appliances, special diets, food scales and special clothing, transportation to and from sanitoriums or convalescent homes, etc.¹¹

Types of Medical Relief Prescribed for Patients During 1948
at Massachusetts General Hospital

The following relief items for which funds were needed were prescribed by doctors for patients as an aid to the medical treatments already followed in the various clinics:

Artificial limbs, dentures, glasses, convalescent and nursing home care, transportation, braces, shoes, camp, and miscellaneous. The miscellaneous items include crutches, tips, elastic stockings, elastic anklets, abdominal supports, corsets, trusses, footplates, pads, splints, food, bandages, knee caps, atomizers, illeostomy bags, traction sets, rubber pads, wheelchair and hospital bed rentals, and colostomy bags.

Anyone who has the opportunity to observe clinic and ward procedures at Massachusetts General Hospital will find large numbers of patients being treated for many kinds of

10 Boston Council of Social Agencies, Highlights of the Continuing Study of Medical Relief in Boston, 1938-41, p. 16.

11 Louise C. Odencrantz, The Social Worker, p. 173

illnesses. Very often it is not a bottle of medicine alone that a patient needs for his particular diagnosis as one can readily understand from the above mentioned articles or needs prescribed for patients during the past year. Very often funds for these needs are not available.

The Background of Medical Relief at Massachusetts General Hospital

As far as could be ascertained, the term "Medical Relief" became known as such during the first year, (1905), of the organization of the Social Service Department by Dr. Richard Cabot and Miss Garnett Pelton. During this organizational year, some patients who were attending the out patient department for various diagnoses became known to social service, because they were without funds to meet the cost of the kind of medical relief need as prescribed by the doctors. Dr. Cabot, who was the hospital treasurer during this time, made what he termed his "First Annual Report of Social Work Permitted at Massachusetts General Hospital in 1905". He found that even in that early year of the existence of the work there when prices were much lower than at the time for which this study is made, that a total of sixty-eight patients were in need of trusses, glasses, transportation, convalescent and nursing home care which costs amounted to two hundred eighty-four dollars and ten cents.¹² Unfortunately, Dr. Cabot did

¹² Dr. R. C. Cabot, First Annual Report of Social Work Permitted at the Massachusetts General Hospital, October 1, 1905 to October 1, 1906, p. 31.

not include in his first report the source from which these costs were met. Thus it may be seen from the above discussion that Medical Relief is not a new term at the hospital. The Program stemmed from the fact that patients were without financial means to meet the costs of certain health measures as prescribed by the doctors.

The Social Service Departments

The Social Service Department at Massachusetts General Hospital is divided into several departments or services as they are sometimes called, with social workers connected with each of them. These departments are Orthopedic and Infantile Paralysis Service, Medical Service, Surgical Service, Children's Medical, Tumor Clinic, Psychiatric Service, Diabetic Service, Neurological Service, Baker Memorial, South Medical Service, Allergy Service, Children's Cardiac Service, Veterans Language Clinic.

Table I shows the number of patients referred for Medical Relief from the thirteen social service departments named above during 1948. Eight hundred eighty-one patients were referred from these departments during the year, for some phase of medical relief. There were ninety-seven patients referred for which no referring social service department was indicated at the time these data were being collected. The bulk of referrals came from the Orthopedic department, which referred a total of three hundred seventy nine patients.

This is followed by the Medical Service, which referred a total of one hundred forty patients. The Surgical Service follows next with eighty-two referrals. These figures seem to infer that problems within these departments, that is, problems in connection with the Medical Relief Program, would be more numerous than those within other departments, because of the number of referrals or patients referred for medical relief.

TABLE I.

SOURCES AND NUMBER OF PATIENTS REFERRED FOR MEDICAL
RELIEF AT MASSACHUSETTS GENERAL HOSPITAL
DURING 1948

Source	Number of Patients Referred
Orthopedic and Infantile Paralysis Service	379
Medical Service	140
Surgical Service	82
Children's Medical Service	43
Tumor Clinic	40
Psychiatric Service	33
Diabetic Service	26
Neurological Service	99
Baker Memorial	9
South Medical Service	8
Allergy Service	6
Children's Cardiac Service	5
Veterans Language Clinic	4
Departments not indicated	<u>97</u>
Total	881

Sources of Referrals for Each Type of Medical Relief at
Massachusetts General Hospital During the Year, 1948

Table II shows the number of persons referred from each Social Service Department during the year classified according to type of medical relief given. There were more patients referred for braces than for any other classification of relief. This is an indication that physical conditions which warrant the use of braces are numerous. Braces are also costly. For the miscellaneous classification, a total of one hundred forty-eight patients was referred. The items for the miscellaneous classification are shown on page seven. Many of the items contained in this classification are articles used for various orthopedic conditions.

Transportation poses a big problem, in that many patients in need of it cannot afford to pay the price of such. For instance, in the Tumor Clinic, many patients require x-ray treatments for their conditions from three to five times weekly. They are greatly handicapped by travel on buses and other public conveyances, which means that taxi and Red Cross services must be depended upon. In many instances, where taxi service is used, the cost comes from the Cancer Fund.

Often patients are confused when there is a question of a medical relief need, but careful interpretation by the social worker can help to alleviate this confusion.

TABLE II.

SOURCES OF REFERRALS FOR EACH TYPE OF MEDICAL RELIEF GIVEN AT MASSACHUSETTS GENERAL HOSPITAL DURING 1948

Referrals for medical relief were made from thirteen Social Service departments at Massachusetts General Hospital during 1948. At the time that this study was made, there were some referrals for which there was no department named. Since these referrals were made during the year 1948, the writer thought it only fair to include them in this study.

CHAPTER III

SOURCES OF MONEY USED IN THE MEDICAL RELIEF PROGRAM

Just as many other programs with which we are familiar, the Medical Relief Program cannot be administered to the best advantage of the patients without funds. Amounts from funds for medical relief of patients at Massachusetts General Hospital are far from being enough to take care of the needs of the patients, and since it is costly, many patients cannot afford payment.

There are several funds that come into the hospital for which the social service department has the responsibility for designation of their uses. Often, funds are given by individuals in memory of a relative or friend. Others are given by various organizations set up for charitable purposes. All funds are deposited with the hospital cashier, and all expenditures for which the social service department is responsible must be accounted for with the hospital administration. Some of the funds are appropriated with specific needs of the patients taken into consideration. A few of the more important ones will be given below.

Some patients who attend the clinics in the out patient department arrive at their various clinics early in the morning, often without food, and in their long wait to see the doctor become very hungry. It is for these patients that the Fisher Lunch Fund is appropriated, and is to be used by the social

service department as the need arises for such.

The fund known as the Diabetic Fund was given for special relief of patients suffering from diabetes. Usually diabetics are in need of special diets, insulin injections, and also scales for recording weight. This fund may be used to pay for these needs at the discretion of the social worker in the Diabetes Clinic.

The Cancer Fund was given for the use of patients with a diagnosis of cancer. If possible, it is preferred that this fund be used for nursing care of patients suffering with cancer.

There are some funds such as the Hood and Hayden funds that are known as seasonal funds. These two funds are to be used for summer camp for children who are patients of the hospital. The social service department may apply for these two funds yearly as need for their use arises.

Another fund of importance is the Permanent Charity Fund further known as a "relief" fund for patients at Massachusetts General Hospital. This fund has been contributed for about twenty nine years by a group known as the Committee of the Permanent Charity Fund, Incorporated. This committee notifies the hospital of the grant, but holds the funds in their hands, making quarterly contributions to the hospital.

As has been previously stated, some funds are given by individuals in memory of a friend or relative. Such a fund is the Morse Fund which was established in 1931 in memory of

a former member of the social service advisory board, who served for many years. When this fund, which is given yearly, was first established, the donor made it known plainly that it was to be used for the social service department at the discretion of the Chief of Social Service Department.

The amounts contributed by these funds as well as some others, numbering eighteen in all, may be seen in Table III. The total amount contributed by these funds was eight thousand four hundred forty five dollars and fifty cents. The largest amount, three thousand three hundred sixty dollars and forty eight cents was contributed by the Cancer Fund. The Permanent Charity fund contributed the next largest amount of one thousand four hundred fifty one dollars and ninety cents. The Hood Fund follows third with one thousand twenty dollars.

Were it not for contributions from these funds and others, the medical relief needs of many patients would be sorely lacking, therefore causing a delay in improvement of their health, one of the purposes for which Massachusetts General Hospital was established.

TABLE III.

AMOUNTS CONTRIBUTED BY SOCIAL SERVICE FUNDS FOR
 MEDICAL RELIEF NEEDS OF PATIENTS AT MASSACHUSETTS
 GENERAL HOSPITAL DURING 1948

Social Service Funds	Amounts Contributed
Cancer Fund	\$3,360.48
Permanent Charity Fund	1,451.90
Hood Fund	1,020.00
Hayden Fund	500.00
Community Federal Relief Fund	448.62
Lawrence Fund	264.66
Wooden Leg Fund	190.00
Morse Fund	179.00
Anaphylaxis	140.46
Cutter Fund	133.00
Allergy Clinic Fund	131.30
Diabetic Fund	119.60
Fisher Fund	109.55
Snow Fund	106.65
Coburn Fund	105.50
Immediate Relief Fund	81.52
Travelli Fund	78.06
Children Cardiac Fund	28.20
Total	\$8,445.50

Private Agency Contributions

Several private agencies contribute funds yearly to Massachusetts General Hospital for the medical relief of patients. The amounts contributed by agencies seem small when the total cost of medical relief for the year 1948 is considered, but the drain on agencies that contribute money for charitable purposes is immense, because of the large numbers of persons in need.

Table IV shows that twenty-nine private agencies contributed a total of nine thousand four hundred sixty-nine dollars and ninety seven cents for medical relief needs of patients at Massachusetts General Hospital in 1948. Some agencies receive a portion of their funds from the Community Fund and in turn make contributions to the hospital, which also receives contributions from the Community Fund. An illustration of this is the Lend A Hand Society, which, as seen from Table IV, contributed a sum of eight hundred fifty-nine dollars and twenty cents.

The Lend A Hand Society is a non sectarian organization which . . . through other agencies assists persons without resources to meet special needs.¹³

¹³ Greater Boston Community Council, Directory of Social Service Resources of Greater Boston, 1947, p. 133.

TABLE IV.

AMOUNTS CONTRIBUTED BY PRIVATE AGENCIES FOR MEDICAL
RELIEF NEEDS OF PATIENTS AT MASSACHUSETTS GENERAL HOSPITAL
DURING 1948

Private Agency	Amount Contributed
Camp Council	\$1,785.43
Boston Safe Deposit	1,654.28
Weber Charities	1,417.50
Lend A Hand Society	859.20
Infantile Paralysis Foundation	664.55
Bay State Society	495.00
Deed Club	285.06
Clarke Fund	230.00
Noemi Lodge	202.00
St. Vincent de Paul Society	133.00
Greater Boston Aid and Fuel Society	120.00
Devens Fund	100.00
Cox Fund	84.75
Family Society	81.00
Red Cross	80.00
Park Street Church	50.00
Y. W. C. A.	39.00
St. Luke's Convent Home	34.00
Crabtree Fund	25.00
New Hebrew Society	25.00
Liberty Mutual	20.00
Visiting Nurses Association	18.00
Boston Provident	16.00
Newton Group	15.00
St. Margaret's Convent	11.95
Wholesale Druggists	11.95
American Invalid Aid	10.00
Hospital Relief	1.50
Traveler's Insurance	.80
Total	\$9,469.97

Public Agency Contributions

Some of the funds contributed for medical relief aid of patients came from public agencies. Among the eight hundred eighty-one patients who were referred for medical relief from the various services during 1948 were several patients who were Public Welfare Recipients. Table V shows that eight public agencies contributed a sum of one thousand two hundred dollars and one cent for medical relief of patients at the hospital. The three categories of Public Welfare, Aid to Dependent Children, Old Age Assistance, and General Relief contributed the largest amounts for medical relief. The amounts from these categories of assistance were used to aid only those patients who were Public Welfare recipients. This table shows that Aid to Dependent Children contributed six hundred twenty one dollars and eighty six cents. Old Age Assistance, two hundred seventy seven dollars and seventy four cents, and General Relief, two hundred thirty seven dollars and sixty seven cents.

The health of a recipient of public assistance either at the time of application or at any time when his name is still upon the rolls is of the utmost importance. It is the responsibility of the local board to be aware of health needs of the recipient.¹⁴

¹⁴ Commonwealth of Massachusetts, Manual of Public Assistance of the Massachusetts Department of Public Welfare, 1943, p. 209.

TABLE V.

AMOUNTS CONTRIBUTED BY PUBLIC AGENCIES FOR MEDICAL
RELIEF NEEDS OF PATIENTS AT MASSACHUSETTS
GENERAL HOSPITAL DURING 1948

Public Agency	Amount Contributed
Aid to Dependent Children	\$621.86
Old Age Assistance	277.74
General Relief	237.67
Metropolitan Park Commission	25.00
Hillsboro Company	12.77
Soldiers Relief	11.65
Division of Crippled Children	10.57
Division of Blind	<u>2.75</u>
Total	\$1,200.01

Social Service Supplementation To Amounts Paid by Public Welfare Categories During 1948

Before August, 1932, Boston Public Welfare assumed financial responsibility for meeting the medical relief needs of their clients. In August, 1932, the Public Welfare Department discontinued this service and notified the hospitals of such a move, because of financial pressure at that time. Therefore, responsibility for medical relief of public welfare clients assumed by the medical social departments in the various hospitals of the city, financed partly by the United Boston Unemployment Relief Fund. This transfer of responsibility was accepted by the departments on a temporary basis. By 1935, the Public Welfare Department had been asked to resume this responsibility, but gave an unfavorable answer, giving as its reason, lack of funds. Since that time, however, the Greater Boston Community Fund has given annually to the Boston Council of Social Agencies funds to be distributed to the social service departments to meet partially the medical relief expenses.

Table VI shows that medical relief needs of public welfare clients were not paid for entirely with funds from the public welfare categories. Supplementation by social service funds was necessary, if the needs of the patients were to be met satisfactorily. The total cost of medical relief needs for public welfare recipients was two hundred forty one dollars and three cents. The categories, General Relief, Aid to Dependent Children and Old Age Assistance paid seventy four

TABLE VI.

SOCIAL SERVICE SUPPLEMENTATION TO AMOUNTS PAID BY PUBLIC WELFARE CATEGORIES FOR
PATIENTS AT MASSACHUSETTS GENERAL HOSPITAL IN 1948

Medical Relief Need	Total Cost	Category of Assistance Received by Patients	Amount Paid by Category	Fund Sup- plementing	Amount Paid by Fund
Brace	\$. 8.00	General Relief	C	Community Federal Relief	\$ 8.00
Glasses	24.00	Aid to Dependent Children	\$ 8.65	"	7.35
		Old Age Assistant	8.00		
Shoes	19.05	Aid to Dependent Children	7.65	"	11.38
Camp	40.00	Aid to Dependent Children	0	Flood Fund	40.00
Dentures	<u>150.00</u>	General Relief	<u>50.00</u>	Weber Charities	<u>100.00</u>
Total	\$241.03		\$74.30		\$166.73

dollars and thirty cents and social service funds supplemented with a total of one hundred sixty six dollars and seventy three cents. The Community Federal Relief fund, the Hood Fund and Weber Charities were the supplementing funds.

Public Welfare Recipients Receiving Medical Relief

Table VII indicates that one hundred sixty five patients were public relief recipients, and also recipients of some form of medical relief during the year 1948 at Massachusetts General Hospital. Fifty eight patients were Aid to Dependent Children recipients; fifty two were General Relief recipients, and fifty five were Old Age Assistance recipients. All forms of medical relief were found to be needed by public welfare recipients during the year.

TABLE VII.

PUBLIC WELFARE RECIPIENTS RECEIVING MEDICAL RELIEF

Medical Relief Need	Number of Recipients			Total
	Aid to Dependent Children	General Relief	Old Age Assistance	
Artificial Limbs	3	1	5	9
Dentures	0	1	1	2
Glasses	4	6	4	14
Convalescent Care	1	5	4	10
Transportation	14	6	2	22
Braces	16	21	23	60
Shoes	14	6	8	28
Miscellaneous	4	6	8	18
Camp	2	0	0	2
Totals	58	52	55	165

Patients Making Full and Partial Payments for Their Medical Relief Needs

The policy of the Social Service Department is that the patients, in need of some form of medical relief, or their families, should be expected to assume costs of such relief in so far as they are able. Table VIII shows that one hundred ten patients paid the full amount for their medical relief needs. The table also shows that seven hundred twenty five patients made partial payments for their needs. This means that a total of forty six patients made no payment at all. The patients representing the last two groups (seven hundred seventy one) are the patients for whom the workers found it necessary to raise the needed amounts on a case by case basis.

TABLE VIII.

PATIENTS MAKING FULL AND PARTIAL PAYMENTS FOR MEDICAL RELIEF NEEDS
AT MASSACHUSETTS GENERAL HOSPITAL IN 1948

Medical Relief Need	Patients Paying Full Amount	Patients Making Partial Payments
Artificial Limbs	16	20
Dentures	2	31
Glasses	10	69
Convalescent Care	1	70
Transportation	3	75
Braces	51	252
Shoes	9	101
Miscellaneous	18	127
Camp	0	0
Total	110	725

Communities Represented by Patients

All of the eight hundred eighty-one patients who were known to social service as medical relief recipients at Massachusetts General Hospital during 1948, were not residents of Massachusetts. Table IX shows that Massachusetts had the largest representation with eight hundred seventy one patients. Maine, New Hampshire, New Jersey and Rhode Island followed next with two patients each. Georgia and Kansas follow with one each. In all, seven states were represented among the eight hundred eighty one patients who received some form of medical relief during 1948.

TABLE IX.

COMMUNITIES REPRESENTED BY PATIENTS

Communities Represented	Number of Patients
Massachusetts	871
Maine	2
New Hampshire	2
New Jersey	2
Rhode Island	2
Georgia	1
Kansas	1

Summary

The sources of money discussed in this chapter provided payment for medical relief needs of patients who were unable to assume the responsibility for payment. When viewed in its entirety the amount from these sources seems large, but when compared with the total cost one can readily see its inadequacy as formerly pointed out.



CHAPTER IV

COST OF MEDICAL RELIEF IN MASSACHUSETTS GENERAL HOSPITAL IN 1948

Cost of Each Type of Relief for Which Patients Were Referred

Table X shows the cost of each medical relief need for which patients were referred in 1948. Convalescent and nursing home care constituted the greatest cost of five thousand one hundred forty nine dollars and sixty seven cents. This phase of relief is costly, and many patients for whom this care is prescribed are unable to assume the responsibility for it. Braces, the phase of relief prescribed for various orthopedic conditions follow next at a cost of four thousand one hundred twenty nine dollars and forty cents. Although this phase of relief bears the single name "braces", it is further divided or subdivided into the corsets and trusses which are used for various orthopedic conditions also. Medical relief needs for the eight hundred eighty one patients, who were actually referred in 1948, cost twenty five thousand five hundred fifty four dollars and ninety four cents.

The patients referred to above are not the total number known to social service during 1948, but rather those who were in need of medical relief items.



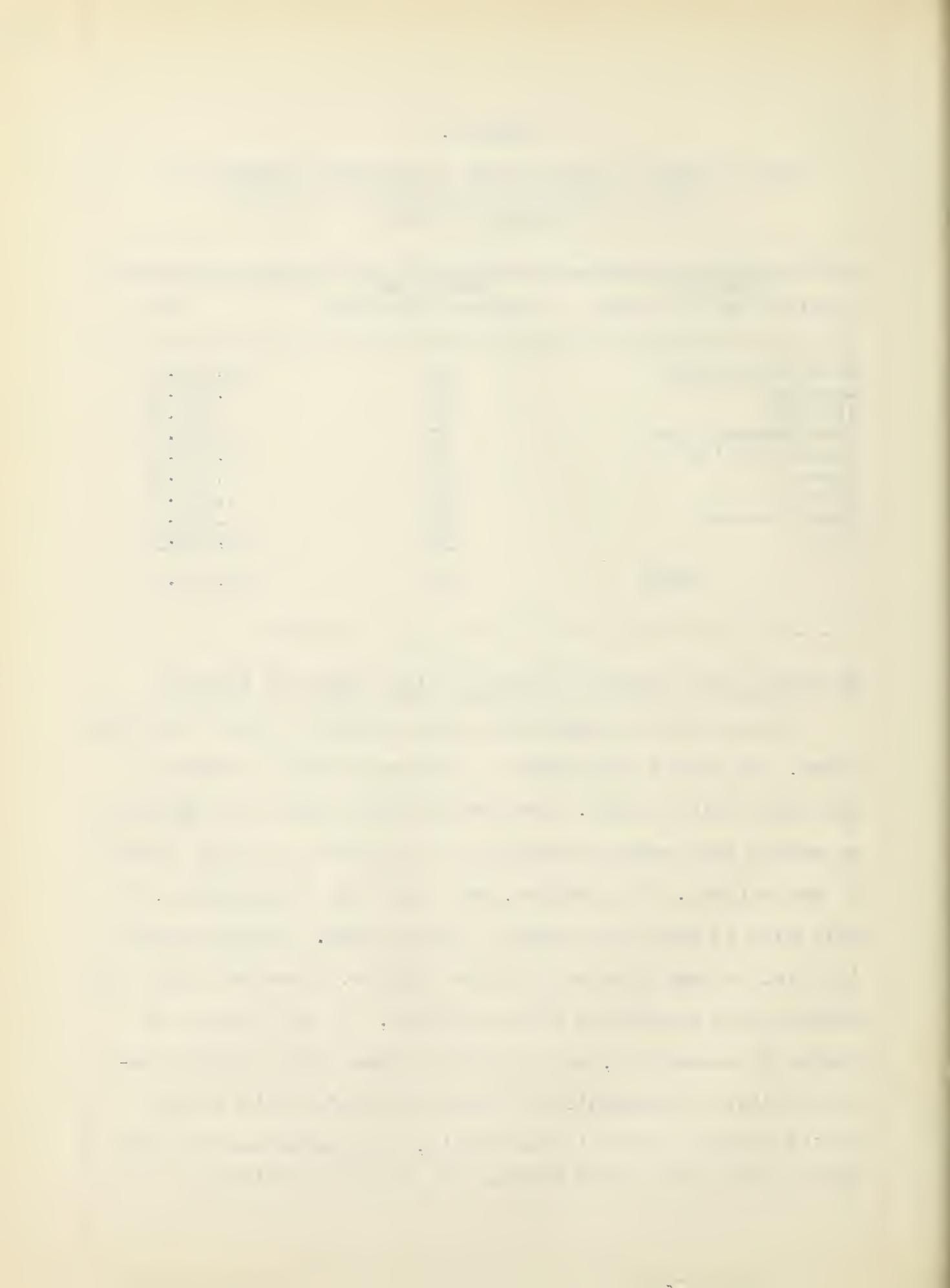
TABLE X.

COST OF MEDICAL RELIEF NEEDS OF PATIENTS REFERRED TO
 SOCIAL SERVICE AT MASSACHUSETTS GENERAL
 HOSPITAL IN 1948

Type of Medical Relief Needed	Number of Patients Referred	Cost
Artificial Limbs	36	\$3,194.30
Dentures	34	1,296.00
Glasses	81	601.35
Convalescent Care	71	5,149.67
Transportation	78	2,912.81
Braces	276	4,129.40
Shoes	110	1,429.22
Miscellaneous	148	2,833.85
Camp	<u>47</u>	<u>4,008.34</u>
Total	881	\$25,554.94

Procedures for Obtaining Medical Relief Needs of Patients

When a doctor prescribes such articles as those mentioned above, the orders are placed by the head nurse in charge of that particular clinic. Measurements are taken by a workshop or sewing room worker according to the phase of relief needed by the patient. This worker, who takes the measurements, is able also to state the price of the article. If the patient is able, he pays a deposit on the article, agreeing to pay the balance upon completion of the article. If the patient is unable to assume all, or is able to assume only partial responsibility for payment, the nurse then refers him to the social service worker in the clinic, who guarantees the payment against one of the funds, and gives this written



guarantee to the nurse. (See appendix.) Designation of the fund to be used for payment is usually made by the Administrative Assistant in the Social Service Department. If such funds are not available, then the worker to whom the patient has been referred must assume the money raising responsibility which has already been mentioned. She raises this money needed from such sources as clubs, individuals, private agencies, and charitable organizations.

When a house patient (patient on the ward) is in need of some phase of medical relief, the procedure is the same as that for clinic patients in the out patient department, with the orders being placed by the head nurse on the ward.

Inside Purchases

Some of the medical relief needs of patients may be purchased within the hospital. The hospital maintains an orthopedic workshop in which articles such as braces, head tractions, foot plates and pads, crutches and tips are made.

The hospital also maintains a sewing room in which such needs as abdominal belts, bandages, and certain types of corsets are made. Eye glasses for patients in need of them are made by the hospital optician.

Special emphasis is placed on inside purchases or rather articles that may be purchased within the hospital because of their maintenance aspect.

Table XI shows the articles for medical relief that were

purchased within the hospital. These articles are braces which were purchased at a cost of two thousand four hundred thirty one dollars and seventy five cents, plates and pads which cost two hundred nineteen dollars; corsets which cost three hundred eighty six dollars; and miscellaneous articles such as crutches, splints, and traction sets which cost one hundred sixty three dollars and sixty cents.

TABLE XI.
INSIDE PURCHASES

Article	Cost
Braces	\$2,431.75
Plates and Pads	219.00
Corsets	386.00
Miscellaneous	163.60
Crutches	
Splints	
Traction Sets	
Total	\$3,200.35

Outside Purchases

Medical relief needs purchased outside the hospital included such items as corsets, shoes, trusses, elastic anklets, elastic stockings, colostomy bags, illeostomy bags, artificial limbs, dentures, and of course such needs as convalescent care, transportation. The cost of outside purchases then, for the year 1948 was twenty thousand, three hundred fifty four dollars

and fifty nine cents, as compared to the cost of inside purchases which was three thousand two hundred dollars and thirty five cents. (The form of purchase order for purchasing outside medical relief needs may be seen in the appendix.)

Articles Costing Less Than Ten Dollars

Several articles prescribed for Medical Relief Purposes were found to cost less than ten dollars. These included foot plates and pads, traction sets, syringes, elastic anklets, brace repair, splints, crutches and tips.

Of the one hundred twenty-six instances of prescriptions for such items, there were fifty-eight instances in which the patient or his family was unable to assume any responsibility for payment. In each of these instances, costs were met by social service funds, Public Welfare and outside private agencies, such as Park Street Church, the New Hebrew Society and the Family Society.

Amount Brought Forward from 1947

In order to give a complete and accurate picture of the total cost of Medical Relief for 1948, it was necessary to include unsettled costs occurring in 1947, because these costs are included in the 1948 accounts.

Table XII includes the cost of each classification of medical relief as brought forward from 1947, which total amounted to three thousand seven hundred twenty-two dollars and ninety one cents. This table also shows the number of

TABLE XII
COST OF EACH TYPE AS BROUGHT FORWARD FROM 1947

Type of Medical Relief	Cost Brought Forward	Number of Referrals
Artificial Limbs	\$ 817.50	9
Dentures	475.50	12
Glasses	47.90	7
Convalescent Care	195.00	10
Transportation	185.65	2
Braces	1,641.49	109
Shoes	217.91	14
Miscellaneous	141.96	9
Camp	0	0
Total	\$3,722.91	172

referrals for each classification, totaling one hundred seventy two. Not only did the workers find it necessary to assume the responsibility for raising large amounts during 1948, but they had to be responsible for any unsettled costs occurring within their departments in 1947.

Sources of Amounts Paid for 1947 Costs

As shown in Table XIII, the four sources, Social Service funds, private agencies, public agencies and patients, contributed a sum of two thousand seven hundred seventy five dollars and forty eight cents for unsettled 1947 medical relief costs, which came to a total of three thousand seven hundred twenty two dollars and ninety one cents as shown in Table XII, page 37. Thus a difference of nine hundred forty seven dollars and forty three cents remains unsettled for medical relief needs of patients who were referred in 1947, for which the workers are held responsible. It seems, then, that their responsibility of fund raising to meet costs of medical relief needs of patients continues throughout the year.

TABLE XIII.

SOURCES OF AMOUNTS PAID FOR 1947 MEDICAL
RELIEF COSTS AT MASSACHUSETTS
GENERAL HOSPITAL IN 1948

Source	Amount Paid
Social Service Funds	\$1,053.92
Private Agencies	809.46
Patients	549.60
Public Agencies	<u>362.50</u>
Total	\$2,775.48

Total Cost of Medical Relief Needs of Patients

Table XIV shows the total cost of Medical Relief for the year, 1948. The type of relief constituting the greatest cost was braces, which cost five thousand seven hundred seventy dollars and eighty nine cents, including the cost brought forward from 1947. Convalescent and nursing home care constituted the next cost of five thousand three hundred forty four dollars and sixty seven cents. Artificial limbs came next with a cost of four thousand eleven dollars and eighty cents. The total cost was twenty nine thousand two hundred seventy seven dollars and eighty five cents. The Social Service Department arranged to help finance this great cost through its workers

TABLE XIV

TOTAL COST OF MEDICAL RELIEF AT MASSACHUSETTS
GENERAL HOSPITAL DURING 1948

Classification	Cost of 1948 Referrals	Cost brought forward from 1947	Total Cost
Artificial Limbs	\$3,194.30	\$ 817.50	\$4,011.80
Dentures	1,296.00	475.50	1,771.50
Glasses	601.35	47.90	649.25
Convalescent Care	5,149.67	195.00	5,344.67
Transportation	2,912.81	185.65	3,098.46
Braces	4,129.22	1,641.49	5,770.71
Shoes	1,429.22	217.91	1,647.13
Miscellaneous	2,833.85	141.96	2,975.81
Camp	<u>4,008.34</u>	<u>0</u>	<u>4,008.34</u>
Total	\$25,554.94	\$3,722.91	\$29,277.67

who assumed this money raising function along with their other duties, because of the inadequacy of funds within the hospital for meeting such needs of the patients.

This chapter has presented a clear cut picture of the total cost of medical relief needs of patients at the Massachusetts General Hospital during 1948. This cost is immense and poses a problem for the entire Social Service Department.

CHAPTER V

SELECTED CASES

When a patient is referred to a worker in connection with a medical relief need, the patient is interviewed by the worker who, through the interview, gets an insight into the financial circumstances of the patient and his family. Often she finds that the resources of the patient, as far as money is concerned, are very limited. Other problems such as family difficulties, language barriers and problems of unemployment are often brought to her attention. Since it is a part of her work to aid the patients in making better social adjustments she cannot afford to work with one problem at the exclusion of others. It is when she finds an existing financial problem, that her job of letter writing and telephoning to agencies and individuals for funds begins if the patient's relief need is to be met adequately. The following cases are presented to illustrate some of the problems with which the workers were confronted as they participated in the Medical Relief Program.

Case of A.

A. was a bright eleven year old girl, the oldest among three children. Her diagnosis was that of Scoliosis. A. was referred to social service in September of nineteen hundred forty-eight for aid with transportation, which was the Medical Relief need. A. did not live in the immediate vicinity of

Boston. Certain exercises were prescribed for her scoliotic condition, to be taken in the Physical Therapy Department four times weekly, which would have meant a great expense to her father, a janitor in a near-by school, who supported a family of four on a thirty five dollar a week salary. Incidentally, the mother was expecting another child within a very few months. Further examination revealed an idiopathic eye condition which prevented her seeing very well with either eye. In view of the fact that it would be necessary for her to make the trips to the clinic alone frequently, it was considered unwise for her to travel from the bus station to the hospital and back alone. The worker found it necessary to make an effort to secure the amount needed for transportation expense from an outside private agency, which complied with the request immediately. This happens to be a rare instance in which the worker obtained the needed amount for the medical relief need through the writing of only one letter and without a single telephone call.

As was mentioned previously, this patient was asked to report to clinic four times weekly for exercises for her scoliotic condition, which meant that she would have had only one full day in school. The worker contacted the school principal, explaining the situation, and asking if there weren't something that could be done. Arrangements were made for the patient to be given lessons privately. Arrangements were also made for the patient to use textbooks printed by the Division of the

Blind, as these textbooks contained a larger type print.

Case of Mrs. B.

Mrs. B., an obese sixty-seven year old woman, was referred to social service for assistance in planning discharge for nursing home care. Her diagnosis was that of fractured left leg and diabetes. Patient was unable to speak or understand English. Her husband received Old Age Assistance, but she was ineligible, because of not being a citizen, and she refused repeatedly to apply for Public Welfare (General Relief). While a patient on the ward, Mrs. B. refused to eat non-Kosher food. Her diabetic condition, general nursing care and language handicap made disposition difficult. Nursing home care in a near-by city was arranged. Public Welfare was contacted for financial aid, but refused on the basis that the patient was being placed in another city. The price for the nursing home was forty five dollars weekly. One son agreed to pay \$15 and social service guaranteed thirty dollars to be raised from outside sources. Seven letters were written by the worker to outside agencies, before the needed amount for her nursing home care was obtained.

Case of Mrs. C.

Mrs. C. became known to social service through the dental clinic for assistance in obtaining dentures. Mrs. C. is a twenty-three year old woman, the mother of two children, ages four and five, and in her third pregnancy at the time of the

referral. Her husband earned forty dollars weekly from employment at a paper company. His income was felt to be barely enough to meet their daily minimum expenses. Since dentures are not obtained within the hospital, it was necessary for the worker to refer the patient to an outside dental agency where the work would be guaranteed and done at a reasonable cost. The cost of the prescribed dentures was found to be sixty dollars and fifty cents, of which the patient was able to pay only ten dollars and fifty cents at the rate of one dollar weekly, which meant that social service had to assume the responsibility of raising fifty dollars. A total of seven letters were written by the worker to two outside private agencies from which twenty five dollars was asked from each and obtained.

Case of Mrs. D.

Mrs. D. is a fifty-five year old Greek woman who, at the time of the referral, had been living in this country for only one year. Her diagnosis was that of tuberculosis of the right sacro-iliac joint. A son and a daughter, who had been in this country for about the same length of time as the patient, had a combined income of about forty five dollars weekly. Her husband was a self employed fruit peddler. The medical relief needs were convalescent care and a corset. As patient spoke practically no English, disposition was quite difficult. Aid of an interpreter had to be secured for interpretation of the use of the prescribed corset which was to be worn for a

certain length of time in bed, and consequent care at a State Sanitorium which handles only extrapulmonary forms of tuberculosis. The worker found it necessary to have the same information interpreted to patient's family. The medical relief needs were difficult for the patient to understand even with the aid of an interpreter.

Case of Mr. E.

Mr. E. was a fifty-six year old Portuguese, married, no children. He was referred to social service for assistance in obtaining a corset following a diagnosis of Spondylolisthesis. Mr. E. had worked as a mechanic in a spinning mill until about 1945, when the onset of his back pains occurred. Since that time he had worked at odd jobs infrequently. He felt keenly his inability to work regularly, and he and his wife were being aided by their respective families whenever they found it possible to do so. The cost of his corset was only nine dollars. His right as a citizen to apply for public welfare since he was physically unable to work was discussed with him, but he felt ashamed to do so. It was further found that his family preferred to help him rather than allow him to apply for aid. In this case social service guaranteed the payment of the corset with the understanding that he would pay for it when he was able to do so. He was referred to the admitting nurse for a review of his economic status, as he was paying full clinic fees. He did not live in the immediate vicinity of Boston and

he could not make the trips required for Physical Therapy treatments. Mr. E. also had a language handicap, which caused much difficulty. He was finally referred to the Division of Vocational Rehabilitation for placement, because his condition would not allow him to return to his former employment.

Case of Mrs. F.

Mrs. F. was a forty-six year old married woman, who came to this country with her husband and one child from Egypt about eighteen months before her referral to social service. Her diagnosis was that of an old infection of the hip. She was referred to social service for convalescent care. Her husband worked as a janitor at night at a salary of thirty-five dollars a week. Her child had been placed in a foster home, because of hospitalization. The cost of nursing home care was three hundred forty dollars for two months at forty two dollars and fifty cents a week. Her husband was paying seven dollars each week for foster home care for the child. Social service guaranteed one hundred sixty two dollars from its funds, and Mr. F. agreed to pay two dollars weekly, making a total of sixteen dollars. Three letters were written to agencies for financial assistance for the balance of one hundred sixty two dollars.

Case of Mrs. G.

Mrs. G. is a sixty-nine year old Russian woman, who was referred to Social Service for aid in purchasing a new pair of shoes as her present ones were too narrow. Her diagnosis was that of undisplaced fracture of the left wrist, and other medical complications, such as inflammation of her gall bladder, tuberculosis, and decalcification of her spine which is generative in nature. She was already wearing a back brace which was in need of adjustment at a cost of seven dollars. Her knowledge of English was very limited. Mrs. G. lived with a daughter, her son-in-law, and two children.

A club, set up for charitable purposes donated the shoes, and her brace adjustment was paid for by her daughter. Mrs. G. was ineligible for Old Age Assistance, because she was not a citizen. The worker discussed the advantage in taking out citizenship papers, but she refused because she felt that she was adequately supported by her married daughter and the hospital, although it was pointed out to her that neither would be financially able to continue such.

The patient persistently refused to consider other plans. Her case was discussed with a worker of the National Council of Jewish Women for aid in getting citizenship papers which proved difficult, because patient could not write her name.

Case of Mr. H.

Mr. H. is a fifty-eight year old Italian, unmarried, and non-citizen, who lives with a widowed sister who receives Aid to Dependent Children. His diagnosis was that of Diabetic Gangrene of the left foot with amputation. Mr. H. had been self employed as a peanut vendor. His right arm had already been amputated in 1909. He was referred to social service for aid in getting a permanent artificial limb, and nursing home care. Mr. H. had only one hundred dollars in savings at the time of the referral. He had spent forty dollars for a private ambulance, and thirty five dollars for a private doctor, and twenty five dollars for a temporary limb. Since Mr. H. had a language handicap, it was difficult for him to understand the seriousness of the diabetes, and the difficulty he would have in attempting to use a prosthetic appliance. The artificial limb fitted poorly, which caused discomfort to the patient, and it was difficult for the worker to get the cooperation from the limb company to make adjustments. The cost of the prostheses was one hundred fifteen dollars. As Mr. H. had no resources, it was left to the worker to raise the money. Eight letters were written to agencies for financial aid before the total amount needed could be obtained.

Problems

As one can readily see from the cases presented in this study, the financial problem is common in all cases. The way in which the workers handle this problem is the raising of the amount of money needed for payment of the medical relief, as prescribed by the doctor, from other sources such as clubs, individuals, private agencies and charitable organizations.

Some of the problems with which the social workers had to work were physical handicaps such as in the case of A., the patient with the idiopathic eye condition. This problem, had it not been gone into early, would have caused a more serious handicap when she became older. Cooperation with A.'s classroom teacher and giving interpretation in to the nature of the diagnosis enabled the patient to obtain books with larger type print so that she would not lag behind in her class work.

Problems such as a language handicap always cause difficulty when working with patients. This problem was seen in the H., D., G., B., and E. cases. In all five instances, it was left to the worker to secure the aid of an interpreter so that the patients would be aware of what was going on in social and physical treatment. Such a problem as a language handicap is termed a cultural problem by the social service department at Massachusetts General Hospital.

The right of an individual to apply for aid when he is without other resources is often difficult for a worker to interpret to a patient, as in the case of Mr. E., who felt

ashamed to apply for General Relief. He was not yet old enough for application to Old Age Assistance. Upon refusal to apply for General Relief, the worker asked the admitting nurse to review patient's economic status, because he had paid full clinic fees, and it was felt now that he was unable to continue. This patient the worker finally referred to the Department of Vocational Rehabilitation, since it was certain that he would not be allowed to return to his former employment. This kind of problem, as seen in the case of Mr. E., is called one of occupational adjustment at the hospital.

Thus the problems with which the workers were confronted when dealing with the whole area of medical relief might be typed as follows: Physical handicaps, language handicaps, cultural problems and occupational adjustment problems, and the financial problem which underlies all others.

BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK
LIBRARY

CHAPTER VI

SUMMARY AND CONCLUSIONS

This thesis was undertaken to study Ancillary Medical Relief of patients at Massachusetts General Hospital during 1948 and some related problems for the purpose of giving a comprehensive picture of the cost of Medical Relief and to show other problems related to the Medical Relief Program and how they were handled by the medical social workers. It was hoped that through this study, the answers to the following questions would be found.

1. Why was this program in relation to medical relief started.
2. Is this considered a suitable function of the Social Service Department?
3. What are the sources and amounts of money that came into the hospital for medical relief needs?
4. What articles were furnished by the hospital?
5. What articles were purchased outside the hospital?
6. What were the sources of the referrals for medical relief?
7. What were some of the problems related to the medical relief program?
8. How were these problems handled by the workers?

The Medical Relief Program was initiated at the Massachusetts General Hospital because of the limited resources of

patients to meet their own needs.

The study shows that eight hundred eighty one patients were known to social service for aid in obtaining some form of medical relief during the year 1948. The types of relief for which the patients were referred were artificial limbs, dentures, glasses, convalescent and nursing home care, transportation, braces, shoes, miscellaneous, and camp. There were thirteen social service departments from which these patients were referred during the year. This number of patients does not represent the total number of patients known to social service during the year, but rather those who were in need of some type of relief. The bulk of referrals came from the orthopedic department, with a total of 379 patients. The medical service referred the next highest number, 140, followed by the surgical service with 82 referrals. There were 276 referrals for braces and the orthopedic department referred 194 of these. In the miscellaneous types, there were 148 referrals, and 37 of these came from the orthopedic department. There were 110 referrals for shoes, with 100 referrals for shoes coming from the orthopedic department. These figures are an indication that orthopedic deformities are numerous among patients, and because of the number of referrals, problems relating to medical relief would be numerous also.

Several funds are allocated to the hospital each year for medical relief purposes, but these funds are inadequate to cover costs sufficiently. Before these funds can be used for

payment, application for their use is made to the Administrative Assistant or the Chief of Social Service for designation of the fund to be used. It is when these funds are not available that the workers must raise the money needed for payment on a case by case basis. Money used in the medical relief program came from four sources: Social service funds, outside private agencies, public agencies and patients. Private agencies contributed \$9,469.97; social service funds contributed \$8,445.50; patients contributed \$4,380.99; public agencies contributed \$1,200.01, making a total of \$23,496.47 contributed for medical relief in 1948 at Massachusetts General Hospital.

Of the 881 patients who were referred for medical relief during the year, 725 patients made partial payments, and 110 patients paid the full amount for their medical relief needs. This means then that 46 patients made no payment at all.

The total cost of medical relief at the hospital in 1948 was \$29,496.47. Only a total of \$23,496.47 was contributed from the four sources as mentioned above, which means that a total of \$6,000 remains unpaid for medical relief needs.

Eight cases were presented in order that some of the problems with which the workers are faces when they are working with medical relief could be shown. The study shows that the financial problem is common to all. Other problems are physical handicaps, language handicaps, cultural problems and problems of occupational adjustment.

A patient's health is of utmost importance and the hospital is set up to safeguard the health of the patients regardless of the cost. It is this writer's belief that money raising for medical relief purposes should not be the function of a hospital social worker. During a field work placement at Massachusetts General Hospital, this writer had good opportunities to observe the roles of the workers in the medical relief program, which consisted mainly of making numerous telephone calls and writing several letters in order to obtain the money needed for medical relief needs of their patients. Thus the best job of case work could not be done. However, unless more funds are made available, a large part of the money for medical relief purposes must still be raised by the workers or the patient doesn't get relief. This writer also believes that the hospital administration should give this matter of medical relief some serious consideration before the fiscal year begins, not only for the sake of the needs of the patients but for the financing of a program as important as this medical relief program within the hospital. For this study, or rather the cases used in this study, twenty five letters altogether were written by the workers in order to obtain the money with which to pay for medical relief needs of the patients. One can imagine the number of letters and telephone calls it would take to obtain money for medical relief needs of eight hundred eighty one patients for one year. The social service department does not have the secretarial staff for taking care of

such a huge volume of mail. This writer does not believe that this is a proper function of the social service department, but rather the function of the administration, since the administrative office handles other finances pertaining to patients, thus leaving the workers to do the job of case work for which they have been trained and for which they are sorely needed. As the matter stands at present, the workers in those departments from which a large number of referrals comes for medical relief, sound like little more than beggars instead of efficient case workers. The medical relief program is huge, and the cost of operation is great, but responsibility for financing it should not rest with the medical case workers.

Approved,



Richard K. Conant
Dean



BIBLIOGRAPHY

American Hospital Association, Survey of Hospital Social Service, Bulletin Number 24, 1946.

Associated Out Patient Clinics of the City of New York, Technique of Hospital Social Service, February, 1926.

Cabot, Richard C., Social Work. Boston and New York: Houghton Mifflin Company, 1919.

Cannon, Ida M., The Function of the Social Service Department in Relation to the Administration of Hospitals and Dispensaries. Hospital Social Service, Vol. 3, No. 2, September, 1921.

Commonwealth of Massachusetts, Manual of Public Assistance of the Massachusetts Department of Public Welfare, 1943.

Greater Boston Community Council, Directory of Social Service Resources of Greater Boston, 1947.

Hospital Council of Boston, Five Years, 1940-1944. Boston, Mass.

Medical Relief and Ancillary Medical Service, Mimeographed Copy, June 1945.

Medical Social Service Department of the Boston Council of Social Agencies, Highlights of the Continuing Study of Medical Relief in Boston, 1938-1941.

Morgan, Ruth, Hospital Social Service and the Volunteer, March, 1927.

National Health Act of 1945, A Report to the Committee on Education and Labor. U. S. Printing Office Washington, D. C., 1946.

Odencrantz, Louise C., The Social Worker. New York and London: Harper Brothers, 1929.

One Hundred Thirty-Fourth Annual Report of the Trustees of Massachusetts General Hospital for the year, 1947.

The Social Service Department of the Massachusetts General Hospital, 1922-1926.

Wulkop, Elsie, The Social Worker in a Hospital Ward. Boston and New York: Houghton Mifflin Company, 1926.

MASSACHUSETTS GENERAL HOSPITAL

SOCIAL SERVICE DEPARTMENT

Application for Financial Guarantee for Ancillary Relief

Patient's Name: _____ Unit# _____ S.S.# _____

Address: _____ Age _____ Sex _____ Color _____

Article of service: _____ Mar. Status _____ Religion _____

To be purchased at: _____

TOTAL COST: _____

By whom paid for, amount, and specific terms of payment:

Social Service Funds: _____

Family: _____

*Private Agency: _____ *Other Individuals: _____

*Public Agency: _____

(*Indicate if payment to be made direct or through Social Service)

History:

Diagnosis: _____ Chronic: _____ Terminal: _____

Check if research: _____

Number in family: _____

Lives alone: _____ Living with family: _____

Occupation: _____

Income:

Amount of earnings: _____ Pensions: _____ Savings: _____

Others in family earning and estimate of amounts: _____

Is paid by Public Agency: _____ Amount: _____

Private Agency: _____ Amount: _____

Additional information, especially what would be helpful in interpreting use of funds:

Date: _____

Date order O.K.'d: _____

Social Worker

Signature: _____ Date payment O.K.'d: _____

APPENDIX

APPLICATION FOR FINANCIAL GUARANTEE
FOR ANCILLARY RELIEF



MASSACHUSETTS GENERAL HOSPITAL

REQUEST FOR SPECIAL PURCHASE

TO PURCHASING DEPARTMENT:

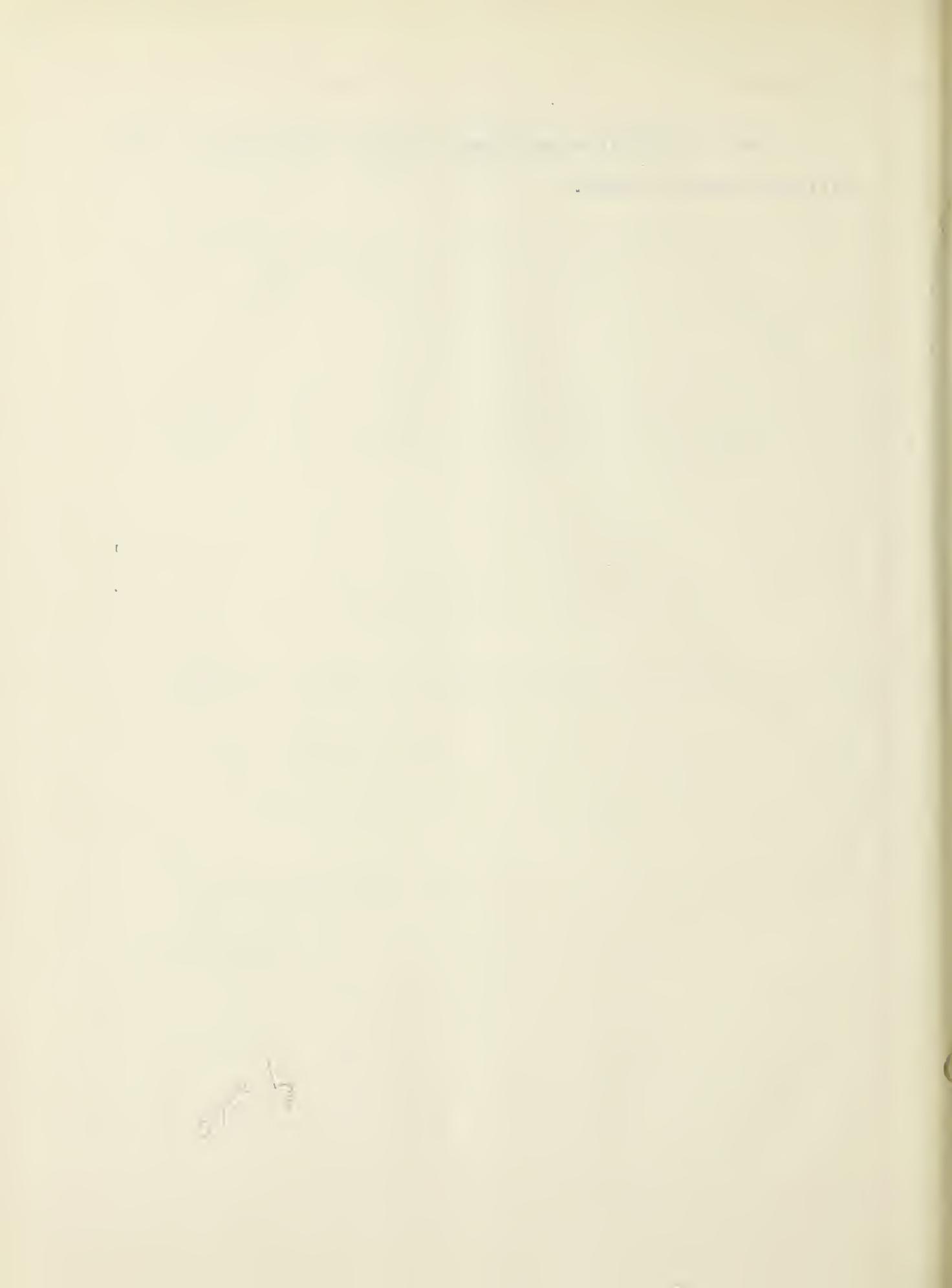
DATE _____

FROM DEPARTMENT

HOSPITAL DIVISION



For all articles purchased outside the hospital, the following form is used.



BOSTON UNIVERSITY



1 1719 02558 1705

